

No. 1-82**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to O'Connors Brothers Funeral HomeName of Deceased Hudson HoaglandAge 82 years ..... months ..... daysPlace of death 35 Deerfoot Rd SouthboroughDate of death March 4 - 1982  
(Cremation) EsophagealCause of death Pulmonary Fibrosis Reflux & AspirationInterment at Mount Auburn Cemetery CambridgeDate permit issued March 4, 1982Certified by Joel M. Seidman M.D.

No. 82-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to O'Connor BrothersName of Deceased Hyden HoaglandAge 82 years ..... months ..... daysPlace of death 135 Deerfoot Rd SouthboroDate of death 3/4/82Cause of death Pulmonary FibrosisEsophageal Reflux - AspirationInterment at Cremation - Mt Auburn CemeteryConcord MassDate permit issued March 4, 1982Certified by Joel M Seidman M. D.

No. 2-82

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris =

Name of Deceased Helen L. Mahoney

Age 50 years months days

Place of death 15 Red Gate Lane

Date of death March 18, 1982

Cause of death Acute Myocardial Infarction  
Hypothyroidism

Interment at Mt Auburn Cemetery Cambridge

Date permit issued March 23, 1982

Certified by Alfonso C. Salido MD M.D.

No. 3-82**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rowe, Funeral HomeName of Deceased William H. BoswellAge 68 years ..... months ..... daysPlace of death 82 Mt. Vernon Rd SouthboroDate of death March 23- 1982Cause of death Myocardial infarction, SuddenInterment at Rural CemeteryDate permit issued March 23- 1982Certified by Paul Hart (Sterling) M.D.No. 3-82**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health - Agent  
(Office issuing permit)r Town of Southboro Mass.of deceased William H. Boswell

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was  
sed of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)March 25-1982 - 11:00 AMfied by Rev. B. L. ... Supt. of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



DATE USE ONLY  
1.  
PLACE 74  
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2.  
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ATE 37  
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D. EXAM

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)		
1 Ray		A.		Woodworth Jr.		2 M	3 March 30, 1982		
PLACE OF DEATH (CITY OR TOWN)			COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			IF IN HOSPITAL DOA (Yes or No)		
4a Worcester			4b Worcester	4c Univ. of Mass. Medical Ctr.			Yes		
RACE (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS	UNDER 1 DAY DAYS	DATE OF BIRTH (Mo., Day, Yr.)	STATE OF BIRTH (If not in U.S.A., name country)				
5 White	6a 62	6b	6c	7 Jan. 9, 1920	8 Massachusetts				
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	SPOUSE (If wife, give maiden name)			USUAL OCCUPATION (Prior - If Retired)	KIND OF BUSINESS OR INDUSTRY				
9	10 Elizabeth Gray			11a Representative	11b Gas Company				
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN SPECIFY WAR		RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE					
12 014-14-8264		13 WW II		14 619 Edgebrook Drive Boylston, Mass. 01505					
FATHER - FULL NAME			STATE OF BIRTH (If not in U.S.A., name country)	MOTHER NAME (GIVEN)		MAIDEN		STATE OF BIRTH (If not in U.S.A., name country)	
15a A. Woodworth Sr.			15b Bakerville	16a Maybell G. Sullivan		16b		16c Mass.	
INFORMANT - NAME AND ADDRESS								RELATIONSHIP	
17a Mrs. Ray A. Woodworth Jr. 619 Edgebrook Drive Boylston, Mass.								17b Widow	
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION AND LOCATION		CITY OR TOWN STATE			
18a Burial		18b April 1, 1982		18c Rural Cemetery		Southboro, Mass.			
FUNERAL SERVICE LICENSEE				NAME OF FACILITY		ADDRESS OF FACILITY			
19a Donald C. Morris				19b Donald C. Morris F.H.		19c 40 Main St. Southboro, Mass.			
20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)								Interval between onset and death	
PART I (a) HEART DISEASE (PRESUMABLY CORONARY SCLEROSIS) DUE TO OR AS A CONSEQUENCE OF								Sudden	
(b) DUE TO OR AS A CONSEQUENCE OF								Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF								Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)						AUTOPSY (Yes or No)	WAS CASE REFERRED TO MED EXAM Yes or No.		
21 NO						22 YES			
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED				
23	24a		24b		24c				
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION STREET		CITY OR TOWN STATE			
24d		24e		24f		24g			
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)				25b DATE SIGNED (Mo., Day, Yr.)				25c HOUR OF DEATH	
25d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				25e				25f	
25g NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)				25h				25i	
25j				25k				25l	

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

BLACK INK ONLY

26 BURIAL PERMIT ISSUED ON		27 RECEIVED IN THE CITY OR TOWN OF		28	
3-31-82		Robert J. O'Keefe		MAR 31 1982	
SIGNATURE-BO HEALTH AGT.		CLERK'S SIGNATURE		(DATE RECEIVED)	

1500

STATE USE  
ONLY

1.

Rec'd  
Do not assign number  
July 16, 1982

72 PLACE 74

DECEDENT

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1. <u>ALFRED</u>		<u>W.</u>		<u>ERLANDSON</u>		2. <u>MALE</u>	3. <u>JUNE 17, 1982</u>	
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)				IF IN HOSPITAL D.O.A. (Yes or No)
4. <u>WORCESTER</u>		4b. <u>WORCESTER</u>		4c. <u>St. Vincent's Hosp.</u>				4d. <u>23hr</u>
RACE (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)		STATE OF BIRTH (If not in U.S.A., name country)		
5. <u>WHITE</u>	6a. <u>54</u>	6b.	6c.	7. <u>JAN 3, 1928</u>		8. <u>MASS.</u>		
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	SPOUSE (If w.l.e. give maiden name)		USUAL OCCUPATION (Print - If Retired)		KIND OF BUSINESS OR INDUSTRY			
9. <u>MARRIED</u>	10. <u>MINNIE MAY ROBINSON</u>		11a. <u>MACHINIST</u>		11b. <u>POWER EQUIPMENT</u>			
SOCIAL SECURITY NUMBER	IF U.S. WAR VETERAN SPECIFY WAR	RESIDENCE - STREET AND NUMBER CITY OR TOWN, COUNTY, STATE, ZIP CODE						
12. <u>016-22-7459</u>	13. <u>KOREA</u>	14. <u>23 FLANDERS Rd WESTBORO MASS 01581</u>						
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A., name country)		MOTHER - NAME (GIVEN) MAIDEN)		STATE OF BIRTH (If not in U.S.A., name country)		
15a. <u>HILDING G. ERLANDSON</u>		15b. <u>SWEDEN</u>		16a. <u>HAZEL WHEELLOCK</u>		16b. <u>VERMONT</u>		

INFORMANT

INFORMANT - NAME AND ADDRESS		RELATIONSHIP	
17a. <u>M. MAY ERLANDSON 23 FLANDERS Rd WESTBORO MASS</u>		17b. <u>WIFE</u>	

9 RACE

DISPOSITION

TYPE OF DISPOSITION (Specify Burial, Cremation, Other)	DATE OF DISPOSITION	PLACE OF DISPOSITION AND LOCATION	CITY OR TOWN	STATE
18a. <u>BURIAL</u>	18b. <u>JUNE 24, 1982</u>	18c. <u>RURAL Cemetery</u>	<u>SOUTHBORO</u>	<u>MASS</u>
FUNERAL SERVICE LICENSEE	NAME OF FACILITY		ADDRESS OF FACILITY	
19a. <u>WARREN A. RAND</u>	19b. <u>RAND &amp; HARPER</u>		19c. <u>WESTBORO MASS</u>	

19 NATIVITY 20

20. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)		Interval between onset and death
PART I		
(a) <u>respiratory arrest</u>	DUE TO OR AS A CONSEQUENCE OF	<u>minutes</u>
(b) <u>metastatic lymphoma</u>	DUE TO OR AS A CONSEQUENCE OF	<u>months</u>
(c) <u>acute renal failure</u>	DUE TO OR AS A CONSEQUENCE OF	<u>hours</u>

CAUSE OF DEATH

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (Yes or No)	WAS CASE REFERRED TO MED. EXAM. Yes or No.
		21. <u>yes</u>	22. <u>no</u>

OUT OF  
STATE 37

ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
23	24a.	24b. <u>M</u>	24c.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	LOCATION	STREET CITY OR TOWN STATE
24d.	24e.	24f.	

38 CENSUS 41

25a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		26a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated	
(Signature and Title) <u>Teri S. Pollack MD</u>		(Signature and Title) <u>Teri S. Pollack MD</u>	
DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
25b. <u>6/17/82</u>	25c. <u>10:26 pm</u>	26b.	26c. <u>M</u>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
25d. <u>Herbert Dean</u>		26d. <u>ON</u>	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		26e. <u>AT</u>	
27. <u>St Vincent Hosp (Teri S. Pollack) Worcester, MA 01509</u>		26f. <u>M</u>	

CERTIFIER

43 MED. EXAM.

28. BURIAL PERMIT ISSUED ON	29. RECEIVED IN THE CITY OR TOWN OF	30. JUN 23 1982
<u>6/19/82</u>	<u>WORCESTER</u>	

BLACK INK ONLY

No. 4-82.....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Donald DezarusAge 58 years..... months..... daysPlace of death 92 Oak Hill Road, JayvilleDate of death June 19, 1982Cause of death Emphysema, Bronchitis,  
Chronic, Left Phrenic ParesisInterment at Rural Crematory, WorcesterDate permit issued June 20, 1982Certified by L. M. Stone M.D.

Re-interment

R309, 100M-10-80-156788

No. 5-82.....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris.....

Name of Deceased Francis Moran Finn.....

Age 70..... years..... months..... days

Place of death Winter Park - Florida.....

Date of death October 3, 1979.....

Cause of death Heart Disease.....

Interment at Palm Cemetery, Winter Park, Florida.....

Date permit issued August 31, 1982.....

Certified by.....M.D.





## The Commonwealth of Massachusetts

JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. 5-82Division of  
Vital Statistics

## COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

BOARD OF HEALTH, Southborough 8/31 1982  
(city or town) (date)

A removal permit, properly endorsed, has been received for the removal from  
Southborough Massachusetts and the interment  
 (city or town) (state)  
 at Palm cemetery in Winter Park Florida  
 of the body of Francis Maran Finn  
 (full name of deceased)

who died 10 3 1979 Age 70 years ..... months ..... days.  
 (month, day and year)

Cause of death (if known) Heart DiseaseResidence at time of death Winter Park Florida

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Sara A. Torcollette  
 (Copy prepared by)

Agnes  
 (Title)

## PREPARE IN DUPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried. RETURN original removal permit to city or town of origin.

No. 6-82**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris -Name of Deceased Lena Ann RossiAge 68 years ..... months ..... daysPlace of death 7 New Hill Rd SouthboroDate of death November 25, 1982Cause of death Carcinoma of CervixInterment at Rural CemeteryDate permit issued November 27, 1982Certified by Timothy P Stone M.D.No. 82-6**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health  
(Office issuing permit)r Town of Southboro Mass.of deceased Lena Ann Rossi

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was  
ed of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)November 29 - 1982 - 11:00 AMled by Leo Bertoni, Supt. of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-83**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Douglas C Morris  
Caroline M PinoName of Deceased Caroline M PinoAge 72 years ..... months ..... daysPlace of death 8 Oak Hill RoadDate of death 3/26/83Cause of death Extensive 4<sup>th</sup> degree burns  
found dead in living room  
house fireInterment at St Michael's Cemetery, HudsonDate permit issued March 28/ 1983Certified by Robert Rittenhouse M.D.No. 83-1**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)Town of Southborough Mass.of deceased Caroline M. Pino

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
received in accordance with its termsSt. Michael's Cemetery  
(Name of cemetery or crematory) (City or town)3-29-83Signed by Robert L. Quinn  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 83-2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Roland R. FricaultAge 65 years..... months..... daysPlace of death 6 Newton St. SouthboroDate of death 6/7/83Cause of death Cancer Esophagus Larynx 6moInterment at Rural CemeteryDate permit issued June 10, 1983Certified by J. Hill/Steve Solomon M.D.No. 83-2**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)r Town of Southborough Mass.of deceased Roland R. Fricault

S. War Veteran, specify what war, organization, etc.

I Air Force 4147 AAF Bu**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was  
ed of in accordance with its termsural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)June 10-1983 - 11:00 AMed by Leo Banton Supt. of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

f there is no officer in charge, undertaker should sign and return this stub.



No. 83-4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Leon J. PontribandAge 73 years months daysPlace of death 17 Boston Rd SouthboroughDate of death October 21, 1983Cause of death Coronary Occlusion  
Arteriosclerotic Heart Disease  
Diabetes mellitusInterment at Rural CemeteryDate permit issued October 24, 1983Certified by Salvatore Taschetta M.D.No. 4-83**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent = Board of Health  
(Office issuing permit)r Town of Southborough Mass.of deceased Leon J. Pontriband

J. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was  
sed of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)October 25-1983 - 9:50 AMfied by Joe Boring  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 83-6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Margaret H. BarberAge 73 years ..... months ..... daysPlace of death 25 Marlboro Rd SouthboroughDate of death Dec. 12, 1983Cause of death Metastatic Cancer of the bladderInterment at Rural CemeteryDate permit issued December 15, 1983Certified by Peter M. Brem M.D.No. 83-6**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)or Town of Southborough ..... Mass.Name of deceased Margaret H. Barber

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
used of in accordance with its termsRural Cemetery ..... Southborough  
(Name of cemetery or crematory) (City or town)December 18, 1983 - 2:10 PMCertified by For Burial, Supt. of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 83-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Roberts-Mitchell Funeral Services  
15 Miller St. Medfield MassName of Deceased Harold Melville WakefieldAge 68 years ..... months ..... daysPlace of death 41 Oregon Rd. SouthboroughDate of death Dec 22 - 1983Cause of death Carcinoma of lungInterment at Prospect Hill Cemetery, Millis MassDate permit issued 12/23/83Certified by Timothy P. Stone M.D.No. 84-1**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)Town of Southborough Mass.of deceased HAROLD MELVILLE WAKEFIELD

U. S. War Veteran, specify what war, organization, etc.

NO**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was  
ed of in accordance with its termsProspect Hill Cemetery ..... Millis .....  
(Name of cemetery or crematory) (City or town)

December 24, 1983

ied by Robert Leslie (sm)  
Robert Leslie, Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 844-**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to - Board of Health - Agent  
(Office issuing permit)City or Town of Southborough ..... Mass.Name of deceased William J. Beaucage Jr. .....

If a U. S. War Veteran, specify what war, organization, etc.

Korean, U.S. Navy (SN USNR R) .....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**at .....  
(Name of cemetery or crematory) (City or town)**FEB 27 1984**

on .....

Certified by Arthur T. Scanlon Jr. .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

(Type or Print)

Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Catherine	W.	Barker	May 3, 1984			
Place of Death	City, Town or Location		Name of (If neither, give street address)				
County	Polk		Lakeland Regional Medical Center				
Name of Medical Certifier	Amir Ahmad, M.D.		<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner		Address		
			4710 So. Florida Avenue		Lakeland 33803		
Funeral Home/	Name		Address				
<del>XXXXXXXXXX</del>	Heath Funeral Chapel, Inc., 328 So. Ingraham Avenue		Lakeland, Florida 33801				
Check Appropriate Box	a <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b <input type="checkbox"/> _____ was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death.						
	c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
Funeral Director/	Signature		Fla. Lic. No./Reg. No.		Date Signed		
<del>XXXXXXXXXX</del>	<i>John E. Healt</i>		567		May 3, 1984		

BURIAL-TRANSIT PERMIT

Permit No. 249-101

Permission is hereby granted to dispose of this body.

- ☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the local Registrar of the County in which death occurred.

Registrar or Sub-Registrar Signature *John G. Robinson* Date Issued May 3, 1984

AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature \_\_\_\_\_, Medical Examiner Date \_\_\_\_\_

or Medical Examiner's Office - Jody Drake, gave authorization by telephone to John G. Robinson  
Funeral Director/~~XXXXXXXXXX~~ Date May 4, 1984/3:58 P.M.

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

CEMETERY OR CREMATORY

Method of Disposition: ☐ BURIAL ☐ STORAGE ☒ CREMATION ☐ OTHER (Specify) \_\_\_\_\_

Place of Disposition Polk County Crematory  
Date of Disposition May 7, 1984

Signature of Sexton or Person-in-Charge *Jody H. Lambert*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

Crematorium No.

84-159

*Certificate of Cremation*

THIS CERTIFIES that the remains of

Catherine W. Barker

Age 73, who died May 3rd, 19 84,

was cremated at Polk County Crematory,

Lakeland, Florida, on May 7th, 19 84,

and these are the cremated remains of said deceased.

*Polk County Crematory*

by

*Long H. Lawrence*

Funeral Director

Heath Funeral Chapel

Lakeland, Florida

No. 84-2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Thomas E. YoungAge 61 years 9 months 1 daysPlace of death 14 Oak Hill RdDate of death Jayville Mass.  
September 13 1984Cause of death Cardiomyopathy, Obesity  
malnutrition & Hypertension.Interment at Mt Adnah, GloucesterDate permit issued September 15, 1984Certified by Timothy R. Stone M.D.No. 84-2**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)Town of Southborough Mass.of deceased Thomas Edward Young

S. War Veteran, specify what war, organization, etc.

U.S. Navy.**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
of in accordance with its termsMT. Adnah Gloucester  
(Name of cemetery or crematory) (City or town)9/17/84  
Albert L West Jr.  
ed by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 84-3**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Richard O. HuntAge 53 years ..... months ..... daysPlace of death 192 Woodland Rd. SouthboroDate of death October 20, 1984Cause of death Malignant Melanoma, Metastatic  
Malignant MelanomaInterment at Rural CemeteryDate permit issued October 22, 1984Certified by Timothy P. Stone M.D.No. 84-3**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)or Town of Southborough Mass.of deceased Richard O. Hunt

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
sent of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)October 23-1984 - 2:35 PMified by Tim Buttrick Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No.

84-4

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Donald C. Morris

Name of Deceased

William Isaac Barker

Age

83

years

1

months

days

Place of death

94 Oak Hill Rd Southborough

Date of death

November 1, 1984

Cause of death

Cardiac Arrhythmia

Coronary Sclerosis

Arteriosclerotic Heart Disease

Interment at

St Paul's Church Cemetery, Paris Hill  
N. F.

Date permit issued

November 2, 1984

Certified by

J. P. Stone

M.D.

No.

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Agent - Board of Health  
(Office issuing permit)

Town of

Southborough

Mass.

of deceased

William I. Barker

S. War Veteran, specify what war, organization, etc.

None

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
deposited in accordance with its terms

St Paul's Cemetery

(Name of cemetery or crematory)

Paris

(City or town)

Nov. 5, 1984

Signed by

George E. Cre

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

..... Southboro, Mass. Nov. 2, 19 84  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

.. Donald C. Morris 40 Main Street Southboro, Mass. ....  
(Name) (Address)

for the removal from .. Southboro, Mass. ...., and the interment  
St. Pauls Church (To be filled out in case of removal)  
at ..... Cemetery in Paris Hill, N.Y., of the

body of .. William I. Barker ..... who died Nov. 1, 19 84  
(Give full name of deceased) (Month) (Day) (Year)  
age .. 83 ..... years, .. 1 ..... months, .. 5 ..... days.

Cause of death .. Cardiac Arrhythmia .....

If a U. S. War Veteran, specify what war, organization, etc. .... None .....

94 Oak Hill Rd. Southboro, Mass.  
Residence at time of death .....

..... Anna A. Sorcolatti -  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 84-5

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Wadsworth Funeral HomeName of Deceased Jean M. O'BrienAge 59 years ..... months ..... daysPlace of death 10 E Main Street, SouthboroughDate of death November 8-1984Cause of death Esophageal Carcinoma  
Metastatic CarcinomaInterment at Rural CemeteryDate permit issued November 14, 1984  
William M. Carleton, M.D.Certified by Coleman H. Leven M.D.

No. 84-5

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)r Town of Southborough 01772 Mass.of deceased Jean M. O'Brien

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
sent off in accordance with its termsNewton Crematory, Newton, MA.  
(Name of cemetery or crematory) (City or town)November 15, 1984ified by Michael P. G. Smith, Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No.

84-6

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Merritt Carlton Funeral HomeName of Deceased Laurence Edward Lamson Sr.Age 74 years ..... months ..... daysPlace of death 96 Mt Vichery Rd SouthboroughDate of death Nov 14 - 1984Cause of death Coronary Sclerosis,  
Q. S. H. D. - H.T.Interment at South Cemetery - BerlinDate permit issued November 15, 1984Certified by Linsley G Stone M.D.

No.

84-6

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent, Board of Health

(Office issuing permit)

Town of Southborough Mass.of deceased Laurence E. Lamson, Sr.U. S. War Veteran, specify what war, organization, etc.  
-----

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
sent off in accordance with its termsSouth Cemetery Berlin  
(Name of cemetery or crematory) (City or town)Nov. 17, 1984Signed by John R. Nottingham, Agent  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 84-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Bulluck Funeral Home  
1505 Blue Hill Ave Mattapan Mass

Name of Deceased Alex Gordon Dunn Jr.

Age 36 - years ..... months ..... days

Place of death Sudbury Resear  
December 1, 1984

Date of death 12/1/84

Cause of death Asphyxia; Drowning,  
Accident

Interment at Dorest Hills Cemetery

Date permit issued 12/4/84

Certified by Timothy P. Stone M.D.

No. 84-7**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agnt- Board of Health  
 (Office issuing permit)

City or Town of Southborough 01772 Mass.

Name of deceased Alex Gordon Dunn Jr.

J. S. War Veteran, specify what war, organization, etc.

Nov 5, 1968 - Korea

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

Hereby certify that the body accompanying this permit was  
 deposited in accordance with its terms

**DREST HILLS CEMETERY**  
 (Name of cemetery or crematory) (City or town)

**DEC 8 1984**

Filed by Hazel D. Marshall  
 (Signature of Superintendent of Cemetery or Crematory) Treas.

If there is no officer in charge, undertaker should sign and return this stub.

No. 84-8

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J.B. Johnson, Funeral Home  
 190 St. - Roxbury  
 Name of Deceased Herman J. Langham  
 Age 40 years months days

Place of death Sudbury Reservoir

Date of death 12/1/84

Cause of death Asphyxia  
 Drowning, Accident

Interment at Forest Hills, Boston, Ma.

Date permit issued Dec 4 - 1984

Certified by Timothy P. Stone M.D.

No. 84-8

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Town of Southborough  
 (Office issuing permit)  
 Town of Southborough 01712 Mass.  
 of deceased Herman J. Langham  
 J. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was  
 ed of in accordance with its terms

FOREST HILLS CEMETERY  
 DEC 6 1984  
 (Name of cemetery or crematory) (City or town)

ied by Hazel T. Marshall Treas.  
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 84-9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Edward Mowry ShermanAge 88 years ..... months ..... daysPlace of death 41 White Bagley Rd  
SouthboroughDate of death December 5, 1984Cause of death Arteriosclerotic Heart Disease  
Bedridden Fractured hipInterment at Forest Vale Cemetery, HudsonDate permit issued December 7, 1984Certified by Timothy P Stone M.D.No. 84-9**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)or Town of Southborough Mass.of deceased Edward M. Sherman

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
used of in accordance with its termsForest Vale Hudson  
(Name of cemetery or crematory) (City or town)Dec 7 1984ified by James O'Brien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 1-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Hilma BridgesAge 88 years ..... months ..... daysPlace of death 8 Lyman St. SouthboroDate of death Coronary Sclerosis - A.S.H.D.Cause of death Dec 30 - 1984Interment at Rural CemeteryDate permit issued January 3, 1985Certified by Timothy P. Stone M.D.No. 1-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed.

to Agent - Board of Health  
(Office issuing permit)r Town of Southborough Mass.of deceased Hilma BridgesU. S. War Veteran, specify what war, organization, etc.  
None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)January 3 - 1984 11:30 AMSigned by for Burial Sept:  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased William E C YellandAge 77 years ..... months ..... daysPlace of death 42 Woodland Rd SouthboroDate of death January 27, 1985Cause of death Coronary Sclerosis Arrhythmia  
A.S.H.D. AS Cirrhosis, HepaticInterment at Rural Cemetery Worcester  
CrematedDate permit issued January 29, 1985Certified by Kimberly P. Stone M.D.No. 2-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)or Town of Southborough Mass.of deceased William E.C. Yelland

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

JAN 30 1985ified by Arthur T. Standen, Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Roland J. TurgeonAge 75 years 49 months 49 daysPlace of death 49 Boston Rd - Southboro  
Coronary Heart DiseaseDate of death Atherosclerosis  
Jan 28-85Cause of death Coronary Heart DiseaseInterment at St. Stephens Cemetery FraminghamDate permit issued January 29, 1985Certified by Robert Sumner M.D.

No. ....

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)r Town of Southborough Mass.of deceased Roland J. Turgeon

U. S. War Veteran, specify what war, organization, etc.

W. II Hdqtrs Co Armored Repl T. Ctr**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
received in accordance with its termsStephen's Cemetery Framingham  
(Name of cemetery or crematory) (City or town)30 JANUARY 1985  
Signed by Richard Bailey  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 4-85**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Isabel Muriel KimballAge 75 years ..... months ..... daysPlace of death Coronary Sclerosis - Coronary Heart Disease 4 yrDate of death Feb. 26, 1985Cause of death Place 49 Boston Rd, SouthboroInterment at Cremation Rural CemeteryDate permit issued February 28, 1985Certified by Timothy P Stone M.P.No. 4-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Southboro Agent  
(Office issuing permit)  
Board of Healthor Town of Southborough Mass.Name of deceased Isabel M. Kimball

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

MAR 4 1985

Certified by Arthur T. Scanlon, Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5-85

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Burton Summers FuneralName of Deceased Barbara A. McGrathAge 58 years..... months..... daysPlace of death 49 Boston Rd SouthboroDate of death March 15-1985Cause of death Acute (Relapsed) leukemia  
Acute leukemia, Temp. RemissionInterment at St. Luke's Cemetery, WestboroDate permit issued March 17, 1985Certified by Frank Coco, M.D. M.D.

No. 5-85

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to HEALTH DEPT.  
(Office issuing permit)or Town of SOUTHBORO..... Mass.of deceased BARBARA A. McGRATH

U. S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
received in accordance with its termsSt. Luke the Evangelist Westborough, MA  
(Name of cemetery or crematory) (City or town)March 18, 1985Certified by Frank Coco, M.D.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-6

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rowe IncName of Deceased Marcia Nadine McElhennyAge 51 years 0 months 0 daysPlace of death Off Framingham Rd  
UndeterminedDate of death 1982  
UndeterminedCause of death UndeterminedInterment at Evergreen Cemetery, MarlboroDate permit issued April 30Certified by Timothy P. Stone M.D.

No. 85-6

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health  
(Office issuing permit)or Town of Southborough Mass.Name of deceased Marcia Nadine McElhenny

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsEvergreen - Marlboro  
(Name of cemetery or crematory) (City or town)May 1, 1985  
[Signature]  
Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 85-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Esther Bessie HurleyAge 85 years ..... months ..... daysPlace of death 102 Newton St SouthboroDate of death June 7, 1985Cause of death Coronary Sclerosis  
Intermediary Heart DiseaseInterment at Wilson Cemetery, MarlboroDate permit issued June 10, 1985Certified by Timothy P Stone M.D.No. 7-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)r Town of Southboro, Mass.of deceased Esther B. Hurley

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
received in accordance with its termsWilson Cemetery - Marlboro  
(Name of cemetery or crematory) (City or town)June 11, 1985Signed by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-8

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John Everett &amp; Sons

Name of Deceased Robert E. Johnson

Age 36 years months days

Place of death Melanoma Metastatic Lung

Date of death 21 Break Neck Hill Rd Southboro

Cause of death

Interment at Deerpark Cemetery Natick

Date permit issued August 2, 1985

Certified by Alan Krikorian M.D.

No. 85-8

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health  
(Office issuing permit)

Town of Southborough Mass.

Name of deceased Robert E. Johnson

U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
received in accordance with its termsDeerpark Cemetery Natick Mass.  
(Name of cemetery or crematory) (City or town)

Aug 15 - 1985

Signed by Gordon F. Peterson Supt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agnes Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Daniel A. Pope

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on September 18-1985 - 10:30 AMCertified by Joe Burtone Supt. of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 85-9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased John Peter BezakasAge 68 years ..... months ..... daysPlace of death Maple St JayvilleDate of death Nov 19 - 1985Cause of death Ethanol (Chronic)  
ArteriosclerosisInterment at Rural Cemetery, SouthboroDate permit issued November 22, 1985Certified by Imothy P Stone M.D.

9

No. 9-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)or Town of Southborough Mass.e of deceased John Peter Bezakas

U. S. War Veteran, specify what war, organization, etc.

II HQ CO 2525th Service Unit**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
used of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)November 23 - 1985 11:00 AMified by Ear Bunting, Supt. of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-10

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Thomas D Anderson

Age 54 years months days

Place of death 9 East Main St Southboro, MASS

Date of death Nov 28, 1985

Cause of death Cardiac Pulmonary Artery Mesothelioma

Interment at Rural Cemetery, Southborough

Date permit issued Dec 1, 1985

Certified by Kenneth H. Conluno Jr M.D.

9

No. 10-85

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

e of deceased Thomas Donald Anderson

U. S. War Veteran, specify what war, organization, etc.

ean, 102nd Engr. (H.L.) Co.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
used of in accordance with its termsRural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)

December 2 - 1985 12:00 Noon

ified by Joe Bulmaga Supt of Cemeteries  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 85-11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

<sup>W</sup>  
Gerald Lehman Funeral Home  
569 Cambridge St - Boston - 02134

Name of Deceased

Jules D. Charbonnier

Age

75

years

months

days

34 Southville Rd Southboro

Place of death

Rural Cell Carcinoma w/ Metastases

Date of death

November 30 - 1985

Cause of death

Diabetes, Coronary Heart DiseaseRenal Cell Carcinoma w/ Metastases

Interment at

Rural Cemetery, Southboro

Date permit issued

December 3 - 1985

Certified by

Timothy B. Stone

M.D.

No. 11-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent- Board of Health

(Office issuing permit)

Southborough

or Town of ..... Mass.

e of deceased .... Jules David Charbonniere

U. S. War Veteran, specify what war, organization, etc.

World War II**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
used of in accordance with its termsRural Cemetery

(Name of cemetery or crematory)

Southboro

(City or town)

December 4 - 198512:15 PM

tified by

for Burial & S. of Cemeteries

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



## The Commonwealth of Massachusetts

## AFFIDAVIT

## FOR DISPOSITION OF DECEASED VETERANS

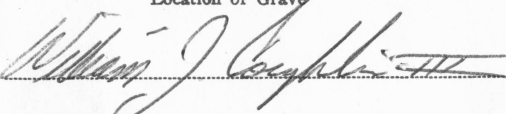
Chapter 604, Acts of 1949

THE COMMONWEALTH OF MASSACHUSETTS, COUNTY OF Middlesex SS.

THE UNDERSIGNED SAYS TO THE BEST OF HIS KNOWLEDGE AND BELIEF THAT

Jules D. Charbonnier  
Name of Veteran  
34 Southville Rd. Southboro, Mass. 01772  
Last Known Address  
March 29, 1910  
Place of Birth  
Boston, Mass.  
Date of Birth  
November 30, 1985 At Home  
Date and Place of Death  
Renal Cell Carcinoma with Metastases  
Cause of Death  
Mrs. Alda Charbonnier  
Name and Address of Nearest of Kin and Relationship  
34 Southville Rd. Southboro, Mass. 01772

SIGNED UNDER THE PENALTIES OF PERJURY

December 29, 1943  
Date of Enlistment  
December 20, 1945  
Date of Discharge  
A A.S.  
Rank or Rating  
U.S. Navy  
Organization  
803-50-82  
Service Number  
December 4, 1985 Southboro Rural Cemetery  
Date and Place of Burial or Cremation  
Southboro, Mass.  
SEC. LOT GR. NO. PATH  
Location of Grave  
SIGNED BY   
ADDRESS 569 Cambridge St., Brighton, Mass. 02134